Case 3:21-cv-01646-RDM-CA Document 7 Filed 10/06/21 Pag	
CONTINUATION PAGE LOFT	046
MONROE COUNTY CORRECTIONAL FACILITY	
INMATE GRIEVANCE FORM	
EDWARD SARTORIS 2020,000,0585	
GRIEVANCE TRACKING # 2021-6.0138	
PART 1: TO WATER, MEDS AND FOOD. SGT ZIT	<u>D</u>
RESPONDED BY SAYING "GO FUCK YOURSELF, I	<u> </u>
HOPE YOU FUCKING DIE! THE C.O. WITH HIM	
SAID " MANBE WE SHOULD LEAVE HIM WATER"	<u> </u>
AND AGAIN SET ZITO RESPONDED WITH SOME	**************************************
UN PROFESSIONAL PROFAUITY WHERE HE	
FINISHED UP BY SAVING " WHO GIVES A FUCK	
WHAT'S WRONG WITH HIM, LET HIM DIE, ON	<b>=</b>
LESS PROBLEM FOR THE JAIL! THOSE WORDS	<u></u>
WILL ECHO IN MY HPAD UNTIL THE END OF	·
TIME, LATER THAT NIGHT T SUFFERED	
A HEADT ATTACK AND WAS FOUND IN AN	
UNCOUSCIOUS UPSIDE STATE BY THE C.O.	
T WAS REVIVED AND TAKEN TO THE HOSPIT	AL
EMERGENCY ROOM WHERE I WAS TOLD I	· 
SUFFEDED A HEADT ATTACK. I WAS ADMITTED	
AND TREATED OVER THE COURSE OF 3 DAYS.	<u>:</u>
NOT EXACTLY THE KIND OF CAPE EXPECTED FOR	· ·
SOMEONE WHO WAS ON SUICIDE WATCH AND	
THE CO. STATED SHE CHECKED ON ME	
IN DIFFERENCE TO SET ZITO'S ORDERS.	
PARTIL: AND PRINECARE MEDICAL, NO RETRIBUTI	(00)
CONSEQUENCES OR ABUSE IN PURSUIT OF	
COMPENSATION AND PUNITUE DAMAGES DUF	<u> </u>
TO HEADT DECEMBE SUSTAINED DURING TAPLE	
LACK OF PROPER CARE-	

## 

## **Monroe County Correctional Facility**

## **Inmate Grievance Form**

Inmate's Name: Wedned South OCA# 2010 - 0000 385
Date Grievance requested 8/11/2/ Date Grievance given to inmate 5/15/2/
Grievance Tracking Number 204- 6- 0/3 8
Completed grievance received by Grievance Coordinator on
Inmate Filling Grievance:
Complete Parts I and II of this form using clear, specific and brief statements. Attach any request slips which will verify your attempt to resolve this issue with correctional staff and/or supervisors.
Part I: State your grievance clearly. If you need more space attach a separate sheet of paper.
DETAINED STATES HE WAS CONFINED ARISED, HIT, THREATENED
WITH PROFAUITY AND LEFT WITH NO WATER IN LIES CELL, DETAINEE PLEADED WITH SET ZITO HE WAS DIARRIC, AN NEEDED ACCESS
Part II: Action or relief requested.
DETAILER REQUESTS CONTINUED MEDICAL CAPE AND BENEFITS FROM MONROE COUNTY CORRECTIONAL FACHTY, THE COUNTY OF MONROE, THE COMMONWEALTH OF PENASYVANIA
<b>Certification:</b> I submit this grievance in good faith, having exhausted all other remedies and without the intent to harass. I affirm that all statements I have given are true and correct. I understand that I have guarantee against reprisal but also understand that I may face disciplinary action if I have filed this grievance under false pretenses or intentionally made false statements.
Edward Sartorio
infriate's Signature
Grievance Response — Step 1  Answered by Date: 153/2/
Mary proved non of other ule was flow to Corrabusk gar
Story. I will you
RESPONSE - YOU NIPED TO CHECK YOUR DUTY ROSTIER
I WAS NOT IN THE JAN LONG BUOKH TO KNOW NAMES.
I, Inmate FOWARD SARTORIS do not agree with the response in Step 1 and would like this grievance to be sent to the final grievance step.  I understand the Final Step, answered by the Warden/designee is the final step in the grievance process and shall be considered final.
- Columbation Saptople 8/31/21
Inmate Signature Print name and date
Grievance Response — Final Step  Answered by Warden
NO Product in reported, is the A Date shotting
This pully come